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| 1 LOCATION OF WATER WELL: County: Edwards | Fraction ¼ NE ¼ SW ¼ SW ¼ | Section Number 35 | Township Number T 26 S | Range Number 18 <input type="checkbox"/> E <input checked="" type="checkbox"/> W |
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| Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> 5 1/4 South of Centerview | Global Positioning Systems (GPS) information: Latitude: _____ (in decimal degrees) Longitude: _____ (in decimal degrees) Elevation: _____ Horizontal Datum: <input type="checkbox"/> WGS84, <input type="checkbox"/> NAD83, <input type="checkbox"/> NAD27 Collection Method: <input type="checkbox"/> GPS unit (Make/Model: _____) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input type="checkbox"/> < 3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> > 15 m |
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| 2 WATER WELL OWNER: Robert Mitchum RR#, St. Address, Box #: 903 S. Main City, State ZIP Code: Hesston, KS 67062 | |
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|---|---|---|----|----|----------|----|---|---|--|-------------------------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---|---|--|---|--------------------------------------|
| 3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: <div style="text-align: center;"> N <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 5px;">NW</td> <td style="padding: 5px;"></td> <td style="padding: 5px;">NE</td> </tr> <tr> <td style="padding: 5px;">SW</td> <td style="padding: 5px; text-align: center;">X</td> <td style="padding: 5px;">SE</td> </tr> </table> W E S </div> | NW | | NE | SW | X | SE | 4 DEPTH OF WELL <u>41</u> ft. WELL'S STATIC WATER LEVEL <u>39</u> ft WELL WAS USED AS: <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Domestic Irrigation</td> <td><input type="checkbox"/> Public Water Supply</td> <td><input type="checkbox"/> Dewatering</td> </tr> <tr> <td><input type="checkbox"/> Feedlot</td> <td><input type="checkbox"/> Oil Field Water Supply</td> <td><input type="checkbox"/> Monitoring</td> </tr> <tr> <td><input type="checkbox"/> Industrial</td> <td><input type="checkbox"/> Domestic (Lawn & Garden)</td> <td><input type="checkbox"/> Injection Well</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Air Conditioning</td> <td><input type="checkbox"/> Other _____</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> Domestic Irrigation | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering | <input type="checkbox"/> Feedlot | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring | <input type="checkbox"/> Industrial | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well | | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Other _____ |
| NW | | NE | | | | | | | | | | | | | | | | | |
| SW | X | SE | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Domestic Irrigation | <input type="checkbox"/> Public Water Supply | <input type="checkbox"/> Dewatering | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Feedlot | <input type="checkbox"/> Oil Field Water Supply | <input type="checkbox"/> Monitoring | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Domestic (Lawn & Garden) | <input type="checkbox"/> Injection Well | | | | | | | | | | | | | | | | | |
| | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Other _____ | | | | | | | | | | | | | | | | | |

5 TYPE OF BLANK CASING USED:

Steel RMP (SR) Wrought Fiberglass Other (Specify below) _____
 PVC ABS Asbestos-Cement Concrete Tile

Blank casing diameter 48 in. Was casing pulled? Yes No If yes, how much _____
 Casing height above or below land surface 36 in.

6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other _____

Grout Plug Intervals: From 20 ft. to 4 ft., From _____ ft. to _____ ft., From _____ ft. to _____ ft.

What is the nearest source of possible contamination:

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| <input type="checkbox"/> Septic tank | <input type="checkbox"/> Seepage pit | <input type="checkbox"/> Fuel storage | <input checked="" type="checkbox"/> Other (specify below) |
| <input type="checkbox"/> Sewer lines | <input type="checkbox"/> Pit privy | <input type="checkbox"/> Fertilizer storage | <u>House</u> |
| <input type="checkbox"/> Watertight sewer lines | <input type="checkbox"/> Sewage lagoon | <input type="checkbox"/> Insecticide storage | |
| <input type="checkbox"/> Lateral lines | <input type="checkbox"/> Feedyard | <input type="checkbox"/> Abandoned water well | Direction from well? <u>South</u> |
| <input type="checkbox"/> Cess pool | <input type="checkbox"/> Livestock pens | <input type="checkbox"/> Oil well/Gas well | How many feet? <u>500ft</u> |

| FROM | TO | PLUGGING MATERIALS | FROM | TO | PLUGGING MATERIALS |
|------|----|--------------------|------|----|--------------------|
| 41 | 20 | Chlorinated gravel | | | |
| 20 | 4 | Cement | | | |
| 4 | 0 | Top soil | | | |
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 9-21-18 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134. This Water Well Record was completed on (mo/day/year) 10-9-18 under the business name of Rosencrantz- Bemis Ent Inc by (signature) Dora Alope

Send one white copy to Kansas Department of Health & Environment, Geology Section, 1000 SW Jackson Street, Ste. 420, Topeka, KS 66612-1367. Send one copy to WATER WELL OWNER and retain one for your records.
 Visit us at <http://www.kdheks.gov/waterwell/index.html> Telephone 785-296-5524.